

# CLAIMS ONLY

SERIAL NO.	FILING DATE
APPLICANT(S)	

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5	/					
6	/					
7		/				
8		/				
9	/					
10	/					
11	/					
12	/					
13	/					
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40	/					
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	7		↓		↓	
TOTAL DEP.	183	←		←		←
TOTAL CLAIMS	190					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		/	
52	/		/		/	
53	/		/		/	
54	/		/		/	
55	/		/		/	
56	/		/		/	
57	/		/		/	
58	/		/		/	
59	/		/		/	
60	/		/		/	
61	/		/		/	
62	/		/		/	
63	/		/		/	
64	/		/		/	
65	/		/		/	
66	/		/		/	
67	/		/		/	
68	/		/		/	0
69	/		/		/	
70	/		/		/	
71	/		/		/	
72	/		/		/	
73	/		/		/	
74	/		/		/	
75	/		/		/	
76	/		/		/	
77	/		/		/	
78	/		/		/	
79	/		/		/	
80	/		/		/	
81	/		/		/	
82	/		/		/	
83	/		/		/	
84	/		/		/	
85	/		/		/	
86	/		/		/	
87	/		/		/	
88	/		/		/	
89	/		/		/	
90	/		/		/	
91	/		/		/	
92	/		/		/	
93	/		/		/	
94	/		/		/	
95	/		/		/	
96	/		/		/	
97	/		/		/	
98	/		/		/	
99	/		/		/	
100	/		/		/	
TOTAL IND.		■		■		■
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

183